

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		48	11/28/00
FORMALITY REVIEW	LL	75353	2-8-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/18/02
2	✓	✓	9/18/02
3	✓	✓	9/18/02
4	✓	✓	9/18/02
5	✓	✓	9/18/02
6	✓	✓	9/18/02
7	✓	✓	9/18/02
8	✓	✓	9/18/02
9	✓	✓	9/18/02
10	✓	✓	9/18/02
11	✓	✓	9/18/02
12	✓	✓	9/18/02
13	✓	✓	9/18/02
14	✓	✓	9/18/02
15	✓	✓	9/18/02
16	✓	✓	9/18/02
17	✓	✓	9/18/02
18	✓	✓	9/18/02
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45	✓	✓	9/18/02
46	✓	✓	9/18/02
47	✓	✓	9/18/02
48	✓	✓	9/18/02
49	✓	✓	9/18/02
50	✓	✓	9/18/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Restriction  
 5865 935  
 5615 052  
 6185 180

If more than 150 claims or 10 ac  
staple additional sheet here.

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